



# LOS ANGELES COUNTY COMMISSION ON HIV

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## COMMISSION ON HIV MEETING MINUTES December 13, 2007



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Ruben Acosta	Cinderella Barrios-Cernik	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Carrie Broadus	Walter Binney	Teresa Ayala-Castillo
Al Ballesteros	Sharon Chamberlain	Brietta Clark	Kyle Baker
Diana Baumbauer	Alicia Crews-Rhoden	Trilce Delgado	Maxine Franklin
Anthony Bongiorno	Eric Daar	Azul Delgrasso	Michael Green
Mario Chavez	Nettie DeAugustine	Rocio Hernandez	William Strain
Whitney Engeran	Douglas Frye	Stephen Hicklin	Juhua Wu
David Giugni	William Fuentes	Miki Jackson	Roberta Young
Jeffrey Goodman	Jan King	Gabriela Leon	
Joanne Granai	Lee Kochems	Richard Mathias	
Richard Hamilton	Elizabeth Mendia	Sera Morenda	<b>COMMISSION STAFF/CONSULTANTS</b>
Michael Johnson	Manuel Negrete	Alva Moreno	
Brad Land	Angélica Palmeros	Gretchen Nelson	Virginia Bonila
Ted Liso	Gilbert Varela	Trip Oldfield	Jane Nachazel
Anna Long	Jocelyn Woodard/James Smith	Adam Ouderkirk	Glenda Pinney
Ruel Nollobo	Fariba Younai	Donna Parker	Doris Reed
Quentin O'Brien		Daniel Rivas	James Stewart
Everardo Orozco		Tania Rodriguez Trillo	Nicole Werner
Dean Page		Jill Rotenberg	
Mario Pérez		Joey Terrill	
Natalie Sanchez		Jimmy Alberto Velásquez	
James Skinner		Elaine Williams	
Peg Taylor		Jan Wise	
Chris Villa			
Kathy Watt			

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 8:40 am.
  - Roll Call (Present):** Bailey, Ballesteros, Baumbauer, Bongiorno, Braswell, Chavez, Engeran, Giugni, Goodman, Granai, Hamilton, Johnson, Land, Liso, Long, Nollobo, O'Brien, Orozco, Page, Sanchez, Skinner, Taylor, Villa, Watt
- APPROVAL OF AGENDA:**
  - MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
- PARLIAMENTARY TRAINING:** Mr. Stewart had no comments.

**4. SEXUAL HARASSMENT TRAINING:** Ms. Delgado explained that the Board had passed a motion on June 26, 2007 requiring all County commissioners to receive training in cultural diversity and sexual harassment similar to that required for County employees. The OAAC had developed a new training for that purpose, specifically designed for Commissioners. Those who did not attend the training presented at the meeting would be required to attend another session elsewhere. Training would be repeated every two years. Ms. Delgado followed with the training.

**8. APPROVAL OF MEETING MINUTES:** Mr. Johnson said that Mr. Pérez had brought a document to the Annual Meeting and there was discussion who attempted to prevent him from distributing it.

**MOTION #2:** Revise the October 11, 2007 Commission on HIV meeting minutes to reflect Mr. Pérez attempt to introduce a document, and the objections of the Executive Director/Co-Chairs that introducing documents at Commission meetings violates Commission policy (*Passed by Consensus*).

**MOTION #3:** Approve the minutes from the November 2, 2007 Commission on HIV meeting (*Passed by Consensus*).

**9. PUBLIC COMMENT, NON-AGENDIZED:**

- Mr. Binney presented Vitamin VK, an herbal extract, which, he said breaks down the protein on viruses that deter immune cells. He said that it has returned nine HIV patients to non-detectable status.
- Ms. Nelson, President of the Los Angeles County Bar Association (LACBA) expressed concern about the YR 18 allocation to HALSA. She commented that other legal services could neither absorb the cases nor provide HALSA's specialized knowledge, and that legal services provide housing, employment, government benefits and address discrimination, all of which support medical care. She asked the Commission coordinate with the County to restore HALSA's funding.
- Mr. Oldfield asserted that HALSA had not been sufficiently involved in the YR 18 allocation and appeals process and that a HALSA communication with its service partners had been misconstrued. He said that legal services had been historically funded at 1.2% and recommended the Commission restore that level of funding. Mr. Morenda spoke in support of HALSA's services, indicating that he had received his citizenship papers with their help. Ms. Bailey suggested that Mr. Oldfield attend P&P Committee meetings.
- Ms. Rodriguez Trillo thanked OAPP for the award they gave her on World AIDS Day.
- Ms. Jackson reported that Richard Espinosa had suggested at the Health Deputies meeting that the Commission participate in the solicitation of Community Development Initiative (CDI) funds, but Mr. Pérez expressed concern regarding conflict of interest. She also recollected that a presentation on the medical outpatient rate study had been called for at the December meeting, and did not understand why Mercer or OAPP was not able to present the rate study.
- Mr. Terrell recommended reconsideration of hospice funding for YR 19. He noted that OAPP had supplemented funding for Wells House because it was at capacity for hospice care. He noted that hospice placement is difficult, and asked people to contact him if they had statistics on placement issues.
- ➡ It was recommended that the P&P and SOC Committees add the issue of hospice placement and its impact on hospitalization to their respective agendas.

**10. COMMISSION COMMENT, NON-AGENDIZED:**

- Mr. Pérez said that CDI funding would be extended for six months and then resolicited by the end of the first quarter of 2008. He added that OAPP was dedicated to a fair, transparent and conservative process, and wanted to ensure impartiality in the process.
- Mr. Johnson indicated that he had checked other legal service providers and they did not offer free services. He felt funds needed to be found to meet the standards, and noted there was a great deal of specialization in this area of law. He added that he felt some of the justification for the reduced allocations were inaccurate.
- Mr. Giugni requested clarification from P&P as to whether the Legal Services reduction rationales were still considered valid. Mr. Goodman said P&P had met on the subject and believed they were. In response to a question from Mr. Ballesteros, Mr. Pérez replied that legal services funding in YR 18 would be the same as the revised YR 17 award, which included a 20% reduction from the YR 16 level.
- Mr. Land reported that the State Office of AIDS (OA) sent out 8,000 letters to Medi-Medi and Medicaid-eligible ADAP recipients that reflected improvement, but were still too complicated. Some consumers, he said, were throwing it away in confusion. The requirement to provide monthly Medicare and Social Security billing statements was burdensome for PWAs and perhaps inaccurate. He asked for Commission involvement next year with significant consumer input.
- Ms. Long announced that John Schunhoff was leaving Public Health for to become the Chief Deputy at Health Services. Jonathan Freedman would serve be Public Health, Acting Chief Deputy at Public Health.

**11. PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no follow-up items.

**12. CO-CHAIRS' REPORT:**

**A. Co-Chair Election:** Ms. Bailey was the only nominee.

**MOTION #4:** Elect Carla Bailey as Co-Chair of the Commission on HIV (*Passed by Consensus*).

**13. EXECUTIVE DIRECTOR'S REPORT:** There was no report.

**14. STATE OFFICE OF AIDS REPORT:**

- Ms. Taylor reported that staff was working on it on the Part B application. For the first time, there was supplemental application, although the chances of it being funding are poor. Part B provided about \$122 million. It funded about a large part of ADAP, case management and early intervention services, the Bridge program, and CARE/HIPP.
- On the other hand, staff was also working on the possibility of budget cuts. Media reports had confirmed that the Governor was proposing across-the-board percentage cuts, possibly of 10%, to address the state's current \$14 billion deficit. Past cuts have been based on utilization. Specifics would not be available until the budget was released on January 10<sup>th</sup>.
- Programs funded through the General Fund included surveillance, therapeutic monitoring, many education/prevention programs, counseling/testing, the Early Intervention Program (EIP), ADAP, case management, residential AIDS licensed facilities and part of housing.
- Ms. Taylor noted that OA was part of Health Services along with MediCal prior to July 1<sup>st</sup>. That provided protection from cuts since MediCal was the largest division in the department. OA is now the largest division in a separate Public Health department.
- Mr. Engeran asked if OA had allocated the additional state funding for EMAs/TGAs with reduced YR 17 federal Ryan White awards. Ms. Taylor responded that they had.

**15. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:** There were no reports.

**16. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:**

- Mr. Pérez reported that the public comment period for the medical outpatient rate study had been extended to January 22<sup>nd</sup>, as requested in November by the Commission. OAPP felt it was not appropriate to do a presentation on Mercer's rate study until the comment period had expired. That would allow them to incorporate input they received. Meanwhile, there had been very constructive meetings with the HIV Medical Outpatient Caucus, Public Health and the CEO to ensure that the rate conversion could be moved forward as expeditiously as possible.
- OAPP had received and endorsed the Commission's final YR 18 allocations, acknowledging that they would invest YR 18 funds consistent with them. OAPP had identified NCC funds to support services at the YR 17 levels, and assured that there would be no changes to any YR 18 contracts from YR 17 in any service category.
- The MAI YR 17 grant year started August 1<sup>st</sup>. HRSA sent a written communication emphasizing that it was essential to maximize the \$2.5 million investment in order to not compromise YR 18 and 19 resources. The investment plan ensured that all funds would be expended by July 31, 2008 despite late notice for the process, and he asked for stakeholder support.
- Mr. Pérez thanked the Commission for its World AIDS Day participation and for the flexibility it offered OAPP to invest the additional Part B resources of about \$1 million from the state. The resources have been expended for hospice/skilled nursing services, restoration of anticipated YR 17 reductions, a treatment education. It was necessary to work quickly to invest those resources as well in order to maximize the overall funds from Parts A and B, commenting that they treated all pools of funding (Parts A, B, NCC and state) as parts of a whole. Mr. Land complimented the improvement in the World AIDS Day celebration.
- The Board approved OAPP's augmentation of hospice/skilled nursing services. Utilization had increased significantly in the last quarter of 2006-2007. The increased investment would cover almost six beds per day countywide, and utilization would continue to be monitored. Mr. Engeran asked if the six beds were specifically available for clients in the system, and if there were contingency plans if they were not available. Mr. Pérez replied that there are other resources for the service, including MediCal, Medicare, private insurance and people who were cared for by family and friends.
- Mr. Engeran asked when the Net County Cost (NCC) expenditure plan would be provided. Mr. Pérez said OAPP would have it in January. Mr. Engeran also asserting that presenting the rate study to the Commission would have been important because it is the sole representative organization of all stakeholders, including consumers.
- Mr. Land expressed concern that medical outpatient providers in the Antelope, San Fernando and San Gabriel Valleys might not be able to sustain service at the proposed rates because their patient bases are smaller. Mr. Pérez responded that it was premature to assess the impact of the rate study while it is still in draft form.
- Ms. Jackson complimented Mr. Pérez on bringing the hospice issue to the Board, and asked if it was difficult to find providers. Mr. Pérez responded that six hospice providers had been approached over the past year who declined for a variety

of reasons: some were at capacity, some only accepted those over 60; some were not interested; some wanted OAPP to support a minimum of one bed per year, which would have cost \$130,000; one provider wanted the rate to cover ancillary activities as the MediCal rate does with supplemental funds. He added that home-based case management supports in-home services with attendant care and homemaker services. Utilization for that has been fully maximized for the last several years.

**17. HIV EPIDEMIOLOGY PROGRAM REPORT:** There was no report.

**18. PREVENTION PLANNING COMMITTEE (PPC) REPORT:** The report was postponed.

**19. TASK FORCE REPORTS:**

**A. Commission Task Forces:** There were no reports.

**B. Community Task Forces:** There were no reports.

**20. SPA/DISTRICT REPORTS:** Reports were postponed.

**21. STANDING COMMITTEE REPORTS:**

**A. Standards of Care (SOC) Committee:**

**1. Medical Outpatient (+ related) Rate Study:**

- Mr. Braswell said it had been agreed at the November meeting to discuss the rate study at the December meeting, though it was not certain there would be a presentation from Mercer or OAPP. There was also a call for an extension of the public comment period, which had occurred.
- The Executive Committee had discussed how best to develop comment on the rate study considering that the Commission reflect diverse views. It was felt that some common points could be developed for a Commission letter while concurrently encouraging all stakeholders to respond during the public comment period. It was thought a presentation would be more helpful once that discussion had been better developed.
- Ms. Bailey noted that neither SOC co-chair could attend the December meeting. Mercer has said it would not return. OAPP was not prepared to do a presentation at this time.
- Mr. Engeran asserted that he had been clear there was to be a presentation in December and, in fact, the meeting was scheduled for that subject alone. He felt it was important to hear everyone who attended for that purpose, especially because Medical Outpatient was 56% of the grant and a key part of the Commission's work.
- It was agreed to double the comment time limit to four minutes with flexibility. Mr. Braswell reminded the group that written comments could also be submitted.

**MOTION #4A (Engeran/Land):** Provide four, rather than two, minutes comment time (*Passed by Consensus*).

- Mr. Hamilton felt the discussion should be postponed until all viewpoints were available for review, conclude the other meeting business and adjourn. Ms. Bailey said that she would find a discussion valuable.
- Mr. Stewart noted that, as the item was agendaized, it was necessary to accept public comments whether or not Commissioners chose to discuss the subject. Mr. Johnson felt Commissioner comment was useless without a briefing first.
- Mr. O'Brien felt the Commission should provide its own presentation. He noted that a key reason for the lack of a presentation was that the rate study had drawn little support from anyone. At the same time, public comment was due by January 22<sup>nd</sup> and the Commission should participate. The HIV Medical Outpatient Caucus had prepared some comments which could be helpful at this meeting to help prepare for the January meeting.

**MOTION #4B (Hamilton/Land):** Postpone Commissioner discussion on the Medical Outpatient Rate Study until such time as all the elements that the Commission had proposed were present (*Failed: 1 Aye; 19 Opposed; 0 Abstentions*).

- Mr. O'Brien clarified his role as the chair of the HIV Medical Outpatient Caucus, and thanked the CEO and OAPP for working with the Caucus on this subject. The Caucus represented 20 of 23 County-contracted providers, including County hospitals. The Caucus represented those who advocated for and built the system. It had met monthly since May 2005 and weekly since October 2007 when the study was released.
- He continued that the number of PWH/A continued to increase as does the cost of medical care. Medical care remained the highest ranked need expressed and the federal priority. While the County had managed to maintain relatively stable funding to date, that would be an increasingly challenging.
- The Caucus fundamentally supported the Board's effort to move to fee-for-service to produce equitable, predictable and efficient funding. The work to date has helped to better understand the cost of care. The study stated that \$18 million currently bought 87,000 visits, but the Caucus has estimated that the actual cost per visit was \$370 for a total cost of \$32 million such that providers were already subsidizing the system. The proposed \$163 per visit would shift about \$4 million more in costs to providers. The Caucus felt that would break the system.

- Mr. Moreno, Director, HIV Services, AltaMed Health Services, and a member of the Caucus, said medical case management was originally included in the rate study, but then removed pending development of the care coordination standards of care. HIV care was moving toward a chronic disease model which required case management service. The majority of Medical Outpatient contracts included case management, but comprehensive services would be difficult to maintain under the new rate. She added that the care coordination model and the rate study needed to be implemented concurrently in order not to disrupt care.
- Mr. Ouderkirk, AHF, and a Caucus member, reported that he had worked with Mercer on the residential rate study. They used a 27-page questionnaire to providers for that study and made follow-up calls. Some aspects of the medical outpatient rate study were sound, such as the service descriptions. Rate development was based on current costs and informed by provider discussion. The study was similar to the Section 330 prospective payment system used by the federal government. Costs were divided into: direct care staff wages, employee-related expenses, program-related expenses and GNA which was capped at 10%. The Caucus used the same format. Mercer had not engaged providers as actively as they had previously, for example, in assessing the needs of different populations and costs of different services.
- He went on to report that there were two major flaws on page 37 of the rate study. The study asserted that a team of two physicians and one nurse would provide 3,300 visits per year. That did not reflect the shortage of nurses. Usually only one-third or one-fifth of a nurse was available per physician. The 3,300 visits per year figure was developed from a non-HIV population which did not reflect issues like dual diagnoses or co-morbidities that could increase the need for visits.
- Ms. Sanchez, El Proyecto, also noted she was part of the Caucus. She said the next steps included communicating with OAPP. They hoped a sustainable rate could be established. It was important to consider the stability of supplemental funding. It was also important to recognize that only Ryan White funds were available for the undocumented, which constituted 80% of El Proyecto's clients.
- Mr. Engeran noted that the Commission often spent great amounts of time on smaller categories, so it was critical to spend significant time on a category constituting a majority of the allocated funding. He indicated that the rate study equated all physician visits, and that is possibly inaccurate. He also asserted there were math errors in the study.
- Mr. Land supported institution of a rate, and agreed that the rate study should be coordinated with the medical care coordination framework. He did not feel it reasonable to limit the number of visits per year. He reiterated his concern about some providers to sustain services as the proposed rates due to smaller patient bases. He felt that provider operation costs also appeared to be significantly increased from current contract levels.
- Noting that SOC would not meet before the next Commission meeting, Mr. Braswell suggested that the Executive Committee compose a letter indicating concerns, requesting Commission participation in the process and encouraging all parties to comment independently. He felt the letter should be about general concerns rather than specific ones since he did not believe the Commission could agree on one set of points.
- Mr. Engeran and Dr. Long both felt it was important to encourage the debate and for the Commission to participate. Mr. Braswell said a full debate would require dedication of the January meeting to that.
- Mr. Johnson was concerned that the Commission was ceding its role to the Caucus. While providers had an institutional history with the care system, consumers were not being educated. Mr. Braswell noted that the SOC was working on a response to the rate study and would present it at the January meeting. That could be the basis for discussion.
- Ms. Watt asked what would be different at the January meeting. She indicated that while it was challenging, it was possible to review the rate study independently. She felt it was time to simply say it didn't work and request a new one. Dr. Long said the difference in January would be that people would attend knowing they have to study the material and discuss it themselves.
- Ms. Watt and Mr. Goodman, offered to facilitate discussion if SOC could not do it. Following, public comment to OAPP would be crafted. Mr. Land recommended Commissioners also review the medical outpatient standard of care, although Mr. O'Brien felt the rate study deferred to the standard of care.
- Ms. Pinney reminded Commissioners that discussion was limited to service descriptions and methodology; not the rate. Mr. Ballesteros felt the rate could be discussed because it concerned a general reimbursement rate, like that of Medicaid, not payment to any particular provider. Mr. Braswell said the factors pertaining to an appropriate rate could be discussed, for example, but not the actual rate because that was a procurement issue and consistent with the role the Commission had previously adopted for itself. Mr. Goodman added that discussion of the architecture would expose how it failed to support a feasible rate.
- Mr. Braswell summarized that the January meeting would focus on the rate study with a presentation, discussion and dialogue, including public comment, from which public comment from the Commission would be sent to OAPP.

**MOTION #4C (Engeran/O'Brien):** Affirm Commission support for rates; create comment regarding the methodology of the medical outpatient rate study to be produced by the SOC Committee and to address, but not be limited to, the following: interaction and coordination of medical outpatient services with the care coordination frame-work; the need for a data system that could accommodate the changes in the care system and support rates; concerns about the methodology based upon the accuracy of assumptions surrounding services and how many visits a provider should provide; and instruct the SOC Committee to return to the January Commission meeting with a full report for approval and submission to OAPP (*Withdrawn in favor of MOTION #4D*).

**MOTION #4D: (Engeran/Ballesteros)** Direct the Executive Director to communicate with OAPP and the HIV Medical Outpatient Caucus to inform them of the Commission's intention to hear a presentation at their January meeting on the medical outpatient rate study, to fully discuss it and develop a document of the findings (starting with the concerns raised at the December meeting) for submission to OAPP, and that the Executive Director strongly request OAPP and the HIV Medical Outpatient Caucus to attend the January meeting prepared to present their perspectives (*Passed by Consensus*).

**B. Operations Committee:**

1. **Consumer Caucus:** Ms. Baumbauer announced that the inaugural Consumer Caucus would follow the January 10<sup>th</sup> Commission meeting.

**C. Priorities & Planning (P&P) Committee:** The report was postponed.

**D. Joint Public Policy (JPP) Committee:** The report was postponed.

**22. COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.

**23. ANNOUNCEMENTS:** There were no announcements.

**24. ADJOURNMENT:** Mr. Braswell adjourned the meeting at 3:10 pm.

**A. Roll Call (Present):** Bailey, Ballesteros, Baumbauer, Braswell, Chavez, Engeran, Giugni, Goodman, Granai, Hamilton, Johnson, Land, Liso, Long, Negrete, O'Brien, Orozco, Sanchez, Skinner, Taylor, Villa, Watt

**Commission on HIV Annual Meeting Minutes**

December 13, 2007

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<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION #1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2:</b> Revise the October 11, 2007 Commission on HIV meeting minutes to reflect Mr. Pérez attempt to introduce a document, and the objections of the Executive Director/Co-Chairs that introducing documents at Commission meetings violates Commission policy.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #3:</b> Approve the minutes from the November 2, 2007 Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4:</b> Elect Carla Bailey as Co-Chair of the Commission on HIV for 2008.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4A (Engeran/Land):</b> Provide four, rather than two, minutes comment time.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4B (Hamilton/Land):</b> Postpone Commissioner discussion on the Medical Outpatient Rate Study until such time as all the elements that the Commission had proposed were present.	<i>Ayes:</i> Skinner <i>Opposed:</i> Bailey, Braswell, Ballesteros, Baumbauer, Bongiorno, Chavez, Engeran, Giugni, Goodman, Granai, Hamilton, Johnson, Land, Liso, Long, O'Brien, Orozco, Sanchez, Villa <i>Abstentions:</i> none	<b>MOTION FAILED</b> <b>Ayes:</b> 1 <b>Opposed:</b> 19 <b>Abstentions:</b> 0
<b>MOTION #4C (Engeran/O'Brien):</b> Affirm Commission support for rates; create comment regarding the methodology of the medical outpatient rate study to be produced by the SOC Committee and to address, but not be limited to, the following: interaction and coordination of medical outpatient services with the care coordination frame-work; the need for a data system that could accommodate the changes in the care system and support rates; concerns about the methodology based upon the accuracy of assumptions surrounding services and how many visits a provider should provide; and instruct the SOC Committee to return to the January Commission meeting with a full report for approval and submission to OAPP.	<i>Withdrawn</i>	<b>WITHDRAWN</b>
<b>MOTION #4D (Engeran/Ballesteros):</b> Direct the Executive Director to communicate with OAPP and the HIV Medical Outpatient Caucus to inform them of the Commission's intention to hear a presentation at their January meeting on the medical outpatient rate study, to fully discuss it and develop a document of the findings (starting with the concerns raised at the December meeting) for submission to OAPP, and that the Executive Director strongly request OAPP and the HIV Medical Outpatient Caucus to attend the January meeting prepared to present their perspectives.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>